Hydroxychloroquine Prescribing Support

NHS West Essex Clinical Commissioning Group

Hydroxychloroquine is licensed for the treatment of rheumatoid arthritis, discoid and systemic lupus erythematosus, and dermatological conditions caused or aggravated by sunlight.
Specialist initiation only transferred to the GP only when patients are stable
All patients should have an ophthalmological examination before initiating treatment with hydroxychloroquine. Thereafter, ophthalmological examinations must be repeated at least every 12 months, unless advised otherwise by the Specialist.
Patient information leaflet dermatology http://www.bad.org.uk/shared/get-file.ashx?id=92&itemtype=document
Rheumatology http://www.arthritisresearchuk.org/system/product-search-results.aspx?type=p&keywords=hydroxychloroquine

Initiation

Hydroxychloroquine must be initiated and dose titrated by a Specialist using the minimum effective dose and should not exceed 6.5mg/kg/day based on ideal body weight. Usually 200mg to 400mg daily. It may take 12 weeks or longer to exert its beneficial effects. Prescribing should only be transferred to the GP when the patients are stable

Safety

All patients should have an ophthalmological examination by an optometrist/ optician before initiating treatment with hydroxychloroquine. Thereafter, an annual check-up with an optometrist/ optician is then required. Patients should be encouraged to bring eye test results to appointments with healthcare professionals. If there are any co-morbid eye issues the Specialist will refer patient to an Ophthalmologist before treatment is started. Side-effects of hydroxychloroquine are uncommon, but some people may experience skin rashes, indigestion, diarrhoea, headaches and blurred vision. See BNF for full details or SPC https://www.medicines.org.uk/emc/medicine/30066

'Annotate prescription advising an annual eye check unless otherwise advised by specialist'

Dosage

Usually 200 mg to 400 mg daily. Maximum dose should not exceed 6.5mg/kg (based on ideal body weight) daily. Dose should be taken with or after food.

Monitoring

The occurrence of retinopathy is very uncommon if the recommended daily dose is not exceeded. The administration of doses in excess of the recommended maximum is likely to increase the risk of retinopathy, and accelerate its onset. An annual check-up with an optometrist/ optician is required, however this examination should be more frequent and adapted to the patient in the following situations:

- daily dosage exceeds 6.5 mg/kg lean body weight.
- renal insufficiency
- visual acuity below 6/8
- age above 65 years
- cumulative dose more than 200 g or 5 years treatment

Specialist will advise patient and GP as to of frequency of monitoring in these situations

Hydroxychloroquine should be discontinued immediately in any patient who develops a pigmentary abnormality, visual field defect, or any other abnormality not explainable by difficulty in accommodation or presence of corneal opacities. Patients should continue to be observed for possible progression of the changes. Patients should be advised to stop taking the drug immediately and seek the advice of the Specialist if any disturbances of vision are noted, including abnormal colour vision.

Interactions

Digoxin: Concomitant administration may cause an increase in plasma concentration of digoxin.
Methotrexate: Concomitant administration may increase plasma concentration of methotrexate although methotrexate and hydroxychloroquine are often used in combination.
Ciclosporin: Concomitant administration may increase plasma concentration of ciclosporin.
Amiodarone, moxifloxacin and quinine: increased risk of ventricular arrhythmias when used in combination. Avoid concomitant use.
Mefloquine: increased risk of convulsions when used in combination. Avoid concomitant use.
Antacids may reduce absorption of hydroxychloroquine so it is advised that a 4 hour interval be observed between hydroxychloroquine and antacid dosaging.
As hydroxychloroquine may enhance the effects of a **hypoglycaemic treatment**, a decrease in doses of insulin or antidiabetic drugs may be required. See SPC for full details.

References

Plaquenil® Summary of Product Characteristics (SPC). https://www.medicines.org.uk/emc/medicine/30066

BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs https://academic.oup.com/rheumatology/article/56/6/865/3053478

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The Royal College of Ophthalmologists guidelines https://www.rcophth.ac.uk/2018/03/rcophth-guideline-hydroxychloroquine-and-chloroquine-retinopathy-new-screening-recommendations-february-2018/

Useful information

CKS DMARDs http://cks.nice.org.uk/dmards#!scenario:6 Approved West Essex MOPB Mar 2017 Review Mar 2019